CALFRESH REQUEST FOR POLICY INTERPRETATION

PI# 18-54

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-Pl@dss.ca.gov.

Please note: the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all scenarios.

1.	RESPONSE NEEDED D	UE TO: ion Interpretation	5.	DATE OF REQUEST: 04/27/2018	NEED RESPONSE BY: 05/11/2018	
	QC Other:			6. COUNTY/ORGANIZATION: Fresno County Department of Social Services7. SUBJECT:		
			7.			
_				CalFresh - Unclear In	formation	
2.	REQUESTOR NAME:		8.	REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).		
3.	PHONE NO.:	EMAIL:		ACL 18-20 AN 17-18 SNAP Elia	Cert ET Rule QA 2 page 4-6	
4.	REGULATION CITE(S):		*:	and an area and a serious and page 10		
	CFR 272.12 (c) through (c) (3) (iii) (B)					

QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

How does the CWD respond to unclear information/verifications received from the household? Would the CWD need to respond any differently to unclear information if the information indicates a benefit increase?

Scenario:

Mid-period, a household turns in one or more check stubs without an explanation. The check stub(s) information does not conflict with information used at certification and the gross income from the check stub(s) does not indicate the household's total gross income is over IRT; however, the gross amount on the check stub(s) does indicate there was an income change that would possibility result in either a benefit increase or decrease.

10. REQUESTOR'S PROPOSED ANSWER:

Turing in one or more check stubs without an accompanying report to explain why the check stub(s) were provided falls under unclear information as the CWD would need additional information to act on the change appropriately (e.g. to determine the affect of the change). At this point the CWD does not know if the information is expected to continue for at least one month beyond the month in which the change is reported. The EW would not be required to take action on the unclear information, even if there is a potential for a benefit increase, as long as the information does not conflict with information used at certification and does not indicate the household was required to report the information. The CWD would follow up on the information with the household at its next certification action or required periodic report. The CWD may elect to follow up with household to provide information on a voluntary basis if the information represents a possible increase in benefits, but the CWD may not take adverse action if the household does not respond.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

-7 CFR 273.12(c)(3) and ACL 18-20 applies only to unclear information received during the certification period from a third party (i.e. IEVS matches) that indicates a household may have missed a required report under simplified reporting.

-In the scenario provided above, the State agrees that the CWD must act mid-period on all changes reported by a HH that would increase benefits, as provided at 7 CFR 273.12(a)(5)(vi)(B). Because the gross income provided does not indicate the household is over IRT, the CWD is not required to take action. If a household makes a voluntary mid-period report of a change in circumstances, the CWD must first assess whether the information reported mid-period would result in an increase or decrease in benefits prior to taking steps to obtain verification. If the information reported would result in an increase in benefits, the CWD must request verification before acting. If a household makes a voluntary mid-period report of a change in circumstances that would result in a decrease or no change in benefits, the CWD should not request verification but should document the information in the case record to follow up at the next SAR 7 or recertification.

FOR CDSS USE						
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:					
5/1/2018	5/1/2018 (SM)	•				

CF 24 (6/17)